

University of Nevada, Reno
Campus Recreation and Wellness
MEDICAL CLEARANCE FORM

Dear Doctor:

Your patient wishes to exercise within the University of Nevada Activity Program **THIS IS A MEDICALLY UNSUPERVISED SETTING**. Blood pressure and EKG readings are not available, emergency response policy for this facility is a phone call to 911.

Please identify any recommendations or restrictions to exercise that are appropriate and counsel your patient as to these recommendations or restrictions for exercising in a medically unsupervised setting.

I, _____ M. D. state that I understand my patient will be exercising in a medically unsupervised setting, and that I have identified and discussed with my patient any recommendations and restrictions I have pertaining to this type of activity. I hereby release _____ to exercise in the University of Nevada, Reno Wellness Center.

Signed: _____ Date: _____
(Physicians Signature)

PATIENT PLEASE READ AND SIGN

I agree that my doctor has discussed any recommendations or restrictions he/she may have pertaining to my participating in a medically unsupervised exercise program. I fully understand and agree to comply with the recommendations and restrictions made by my doctor.

Signed: _____ Date: _____
(Patients Signature)

**PHYSICIAN AND PATIENT SIGNATURES
REQUIRED FOR VALID MEDICAL CLEARANCE**